

Form **990**

OMB No 1545-0047

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2002 calendar year, or tax year beginning **6/01/02**, and ending **5/31/03****B** Check if applicable:

Please use IRS label or print or type See Specific Instructions.

**C** Name of organization**KIDS WISH NETWORK, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

**160 SCARLET BOULEVARD**

City or town, state or country, and ZIP + 4

**OLDSMAR****FL 34677****D** Employer ID number**31-1579097****E** Telephone number**813-891-9374****F** Accounting method ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter no. of affiliates **▶****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No

(If "No" attach a list. See instr.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? **N/A** ☐ Yes ☐ No**I** Enter 4-digit GEN **▶****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site **▶****J** Organization type(check only one) ☒ 501(c) ( **3** ) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **8,562,979****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)****1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**b** Indirect public support**c** Government contributions (grants)**d** Total (add lines 1a through 1c) (cash \$ **7,296,483** noncash \$ **1,231,047**)**2** Program service revenue including government fees and contracts (from Part VII, line 93)**3** Membership dues and assessments**4** Interest on savings and temporary cash investments**5** Dividends and interest from securities**6a** Gross rents**b** Less: rental expenses**c** Net rental income or (loss) (subtract line 6b from line 6a)**7** Other investment income (describe **▶**)**8a** Gross amount from sales of assets other than inventory**b** Less: cost or other basis and sales expenses**c** Gain or (loss) (attach schedule)**d** Net gain or (loss) (combine line 8c, columns (A) and (B))**9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ **3,550** of contributions reported on line 1a)**b** Less: direct expenses other than fundraising expenses**c** Net income or (loss) from special events (subtract line 9b from line 9a)**10a** Gross sales of inventory less returns and allowances**b** Less: cost of goods sold**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**11** Other revenue (from Part VII, line 103)**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**13** Program services (from line 44, column (B))**14** Management and general (from line 44, column (C))**15** Fundraising (from line 44, column (D))**16** Payments to affiliates (attach schedule)**17** Total expenses (add lines 16 and 44, column (A))**18** Excess or (deficit) for the year (subtract line 17 from line 12)**19** Net assets or fund balances at beginning of year (from line 73, column (A))**20** Other changes in net assets or fund balances (attach explanation)**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**1a** **8,527,530****1b****1c****1d** **8,527,530****2****3****4****405****5****6a****6b****6c****7**

(A) Securities

(B) Other

**8a****1,500****8b****1,215****8c****285**

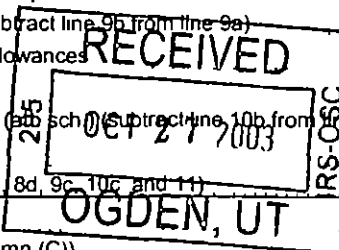
See Stmt 1

**8d****285**

See Worksheet

**9a****33,544****9b****2,052****9c****31,492****10a****10b****10c****11****12****8,559,712****13****3,415,321****14****391,863****15****4,308,654****16****17****8,115,838****18****443,874****19****438,033****20****21****881,907**

SCANNED OCT 29 '03



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non cash \$ _____ )	22			
23	Specific assistance to individuals Stmt 2	23	813,934	813,934	
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25	188,390	55,434	88,262
26	Other salaries and wages	26	310,440	217,045	77,337
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30	6,271,493	2,195,023	
31	Accounting fees	31	18,510		18,510
32	Legal fees	32	11,954		4,033
33	Supplies	33			
34	Telephone	34	23,519	18,815	4,704
35	Postage and shipping	35	18,136	18,136	
36	Occupancy	36	54,144	13,536	25,788
37	Equipment rental and maintenance	37			
38	Printing and publications	38	229,371	45,544	97,721
39	Travel	39	26,764	13,382	13,382
40	Conferences, conventions, and meetings	40			
41	Interest	41	1,318		1,318
42	Depreciation, depletion, etc (attach schedule)	42	9,862	3,945	
43	Other expenses not covered above (itemize) a	43a			
	b See Statement 3	43b	138,003	20,527	60,808
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22-43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	8,115,838	3,415,321	391,863
					4,308,654

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes" enter (i) the aggregate amount of these joint costs \$ 6,271,493 (ii) the amount allocated to Program services \$ 2,195,023

(iii) the amount allocated to Management and general \$ and (iv) the amount allocated to Fundraising \$ 4,076,470

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose?

See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a See Statement 5

(Grants and allocations \$ ) 1,874,950

b FAMILY SERVICES: ASSIST FAMILY PARTICIPATION IN LAST WISHES OF CHILDREN AND HELP TO DEFRAY FUNERAL COSTS OF WISH PARTICIPANTS.

(Grants and allocations \$ ) 3,856

c See Statement 6

(Grants and allocations \$ ) 1,536,515

d

(Grants and allocations \$ )

e Other program services (attach schedule)

(Grants and allocations \$ )

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

3,415,321

**Part IV Balance Sheets** (See page 24 of the instructions)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	125,152	45	198,844
46	Savings and temporary cash investments		46	
47a	Accounts receivable	1,800		
b	Less allowance for doubtful accounts		47c	1,800
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use	407,509	52	760,580
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	81,127		
b	Less accumulated depreciation (attach schedule) See Stmt 7			
57b	30,689	22,670	57c	50,438
58	Other assets (describe See Stmt 8)	10,975	58	19,950
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	573,506	59	1,031,612
60	Accounts payable and accrued expenses	38,799	60	15,174
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) See Worksheet		64b	25,848
65	Other liabilities (describe See Stmt 9)	96,674	65	108,683
66	<b>Total liabilities</b> (add lines 60 through 65)	135,473	66	149,705
<b>Part IV - Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted	438,033	67	879,795
68	Temporarily restricted		68	2,112
69	Permanently restricted		69	
<b>Part IV - Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72)			
	column (A) must equal line 19, column (B) must equal line 21)	438,033	73	881,907
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	573,506	74	1,031,612

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2002) **KIDS WISH NETWORK, INC.****31-1579097**Page **4****Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 26 of the instructions)

<b>a</b> Total revenue, gains, & other support per audited financial statements ▶	<b>a</b> <b>8,605,846</b>
<b>b</b> Amounts included on line a but not on line 12, Form 990	
<b>(1)</b> Net unrealized gains on investments \$	
<b>(2)</b> Donated services and use of facilities \$ <b>46,134</b>	
<b>(3)</b> Recoveries of prior year grants \$	
<b>(4)</b> Other (specify)	
\$	
Add amounts on lines (1) through (4) ▶	<b>b</b> <b>46,134</b>
<b>c</b> Line a minus line b ▶	<b>c</b> <b>8,559,712</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line a	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$	
<b>(2)</b> Other (specify)	
\$	
Add amounts on lines (1) and (2) ▶	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b> <b>8,559,712</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements ▶	<b>a</b> <b>8,161,972</b>
<b>b</b> Amounts included on line a but not on line 17, Form 990	
<b>(1)</b> Donated services and use of facilities \$ <b>46,134</b>	
<b>(2)</b> Prior year adjustments reported on line 20, Form 990 \$	
<b>(3)</b> Losses reported on line 20, Form 990 \$	
<b>(4)</b> Other (specify)	
\$	
Add amounts on lines (1) through (4) ▶	<b>b</b> <b>46,134</b>
<b>c</b> Line a minus line b ▶	<b>c</b> <b>8,115,838</b>
<b>d</b> Amounts included on line 17, Form 990 but not on line a	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$	
<b>(2)</b> Other (specify)	
\$	
Add amounts on lines (1) and (2) ▶	<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b> <b>8,115,838</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensating	(E) Expense account and other allowances
MARK BREINER OLDSMAR, FL	PRESIDENT FULL-TIME	82,069	8,118	2,444
BARBARA ASKIN OLDSMAR, FL	SECRETARY FULL-TIME	41,600	4,330	1,881
SHELLEY BREINER OLDSMAR, FL	TREASURER FULL-TIME	61,627	5,953	2,980

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  
If "Yes," attach schedule-see page 26 of the instructions

▶ ☐ Yes ☒ No

**Part VI Other Information (See page 27 of the instructions)**

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures. See line 81 instr	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	See Stmt 10	46,134
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs: Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs: Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations: Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0			
b	501(c)(3) and 501(c)(4) orgs: Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> ALL STATES AS REQUIRED	90b		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)			
91	The books are in care of <input type="checkbox"/> THE ORGANIZATION Located at <input type="checkbox"/> 160 SCARLET BOULEVARD, OLDSMAR		Telephone no <input type="checkbox"/> 813-891-9374 ZIP + 4 <input type="checkbox"/> 34677	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/>			

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by sec 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					405
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					285
<b>101</b> Net income or (loss) from special events					31,492
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue   a					
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	32,182
<b>105</b> Total (add line 104, columns (B), (D), and (E))					32,182

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
•	
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

(a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Date

10-15-03

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions )**

OMB No 1545-0047

**2002**Department of the Treasury  
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**KIDS WISH NETWORK, INC.****31-1579097****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
ORGANIZATIONAL DEVELOPMENT, INC. 5114 OKEECHOBEE BLVD STE 203 WEST PALM BEACH, FL	FUNDR & PROGRAM	2,015,652
NATIONAL MAILING CENTERS 5114 OKEECHOBEE BLVD STE 203 WEST PALM BEACH FL	FUNDR & PROGRAM	940,638
DIRECTTELE, INC. 27301 DEQUINDRE STE 302 MADISON HEIGHTS, MI	FUNDR & PROGRAM	894,802
TELCOM ENTERPRISES, INC. 202 SHADY CREST DR, BIRMINGHAM, AL 35216	FUNDR & PROGRAM	489,400
INSIGHT TELESERVICES, INC. 17117 W. NINE MILE RD #800, SOUTHFIELD, MI 48075	FUNDR & PROGRAM	367,635
Total number of others receiving over \$50 000 for professional services ▶	4	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expense if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	<b>3</b>	<b>X</b>
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	<b>4</b>	<b>X</b>

**Note.** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting****Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose					
<b>18</b> Gross inc. from int. dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
<b>21</b> The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets.					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26</b> Organizations described on lines 10 or 11	a. Enter 2% of amount in column (e), line 24	▶	<b>26a</b>	
b. Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶	<b>26b</b>	
c. Total support for section 509(a)(1) test. Enter line 24, column (e).		▶	<b>26c</b>	
d. Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		▶	<b>26d</b>	
e. Public support (line 26c minus line 26d total)		▶	<b>26e</b>	
f. Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	<b>26f</b>	%

**27** Organizations described on line 12 a. For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

N/A

(2001) (2000) (1999) (1998)

b. For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

N/A

(2001) (2000) (1999) (1998)

c. Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		▶	<b>27c</b>	
d. Add: Line 27a total _____ and line 27b total _____		▶	<b>27d</b>	
e. Public support (line 27c total minus line 27d total)		▶	<b>27e</b>	
f. Total support for section 509(a)(2) test. Enter amount on line 23, column (e).	▶	<b>27f</b>		
g. Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	<b>27g</b>	%
h. Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	<b>27h</b>	%

**28** Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire (See page 7 of the instructions )**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?	29		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No " please explain (If you need more space, attach a separate statement )	31		
<b>32</b> Does the organization maintain the following			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
<b>c</b> Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space attach a separate statement )			
<b>33</b> Does the organization discriminate by race in any way with respect to			
<b>a</b> Students' rights or privileges?	33a		
<b>b</b> Admissions policies?	33b		
<b>c</b> Employment of faculty or administrative staff?	33c		
<b>d</b> Scholarships or other financial assistance?	33d		
<b>e</b> Educational policies?	33e		
<b>f</b> Use of facilities?	33f		
<b>g</b> Athletic programs?	33g		
<b>h</b> Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	34a		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1 000 000		
Over \$1,000 000 but not over \$1,500 000		
Over \$1 500,000 but not over \$17,000,000		
Over \$17,000 000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000 000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1 500 000		
\$1 000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instr )

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h )
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators their staffs, government officials, or a legislative body
- h** Rallies, demonstrations seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h )

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount



**Special Events Schedule**Form **990****2002**For calendar year 2002, or tax year beginning **6/01/02**, and ending **5/31/03**

Name

Employer Identification Number

**KIDS WISH NETWORK, INC.****31-1579097**

	(A)	(B)	(C)	Others	Total
<b>Gross receipts</b>	<b>37,094</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37,094</b>
<b>Less contributions</b>	<b>3,550</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,550</b>
<b>Gross revenue</b>	<b>33,544</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33,544</b>
<b>Less direct expenses</b>	<b>2,052</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,052</b>
<b>Net income (loss)</b>	<b>31,492</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31,492</b>

**Descriptions****A) TEAM WISH CHALLENGE****B)****C)****Others**

Form <b>990/990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2002</b>
For calendar year 2002, or tax year beginning <b>6/01/02</b> , and ending <b>5/31/03</b>		Employer Identification Number <b>31-1579097</b>
Name <b>KIDS WISH NETWORK, INC.</b>		

**Form 990, Part IV, Line 64b - Additional Information**

Name of lender	Relationship to disqualified person
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) <b>Note Payable-Vehicle</b>		<b>25,848</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>		<b>25,848</b>

**Depreciation and Amortization**

OMB No 1545 0172

Form **4562**

(Including Information on Listed Property)

**2002**Attachment  
Sequence No **67**Department of the Treasury  
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax return

Name(s) shown on return **KIDS WISH NETWORK, INC.**Identifying number  
**31-1579097**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Tangible Property Under Section 179****Note** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less enter -0- If married filing separately see pg 2 of the instr	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

**Note** Do not use Part II or Part III below for listed property Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	7,920

**Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	0
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see page 6 of the instructions)**

21	Listed property Enter amount from line 28	21	1,942
22	Total Add amounts from line 12 lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	9,862
23	For assets shown above and placed in service during the current year enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2002)

DAA

KIDS WISH NETWORK, INC.

31-1579097

Form 4562 (2002)

Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense complete only  
24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information** (Caution See page 8 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions)									25	0	
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)											
2003 CHEVROLET	TAHOE										
4/10/03	100.00%	38,845	27,191	5.0	200DBMQ	1,942					
	%										
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)											
	%				S/L-						
	%				S/L-						
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1									28	1,942	
29 Add amounts in column (i) line 26 Enter here and on line 7, page 1									29		

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
Total business/investment miles driven during the year (do not include commuting miles-see page 2 of the instructions)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting by your employees?		X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)		X

Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2002 tax year (see page 9 of the instructions)						
43 Amortization of costs that began before your 2002 tax year					43	615
44 Total Add amounts in column (f) See page 9 of the instructions for where to report					44	615

DAA



**Federal Statements****Form 990 - General Footnote**

KIDS WISH NETWORK, INC.'S (KWN) MISSION IS TO CREATE HAPPINESS AND LONG-LASTING MEMORIES FOR SICK CHILDREN. OPERATING NATIONALLY OUT OF ONE FACILITY LOCATED IN FLORIDA, THE CHARITY ACCOMPLISHES ITS MISSION THROUGH SEVERAL UNIQUE PROGRAMS. KWN GRANTS WISHES TO CHILDREN SUFFERING WITH LIFE-THREATENING CONDITIONS, MAKING CERTAIN THAT WHETHER CHILDREN WISH TO MEET A CELEBRITY, GO TO DISNEY WORLD OR RECEIVE A COMPUTER, THEIR DREAMS WILL BECOME A REALITY. ITS UNIQUE "HOLIDAY OF HOPE" PROGRAM BRINGS GIFTS AND ENTERTAINMENT TO CHILDREN CONFINED TO HOSPITALS ACROSS THE COUNTRY AND THESE EVENTS HAVE BEEN HERALDED BY PARTICIPATING HOSPITALS AS "A BRIGHT SPOT AMONG A SEA OF DARKNESS FOR THESE CHILDREN." KWN ALSO HAS A FUNERAL ASSISTANCE PROGRAM TO AID THE FAMILIES OF "WISH KIDS" AT THEIR MOST DIFFICULT TIME. KIDS WISH NETWORK'S INNOVATIVE PROGRAMS POSITIVELY IMPACT THE LIVES OF THOUSANDS OF CHILDREN AND THEIR FAMILIES THROUGHOUT THE UNITED STATES EACH YEAR. JOINT EFFORTS WITH PROFESSIONAL FUND-RAISERS ACCOUNT FOR THE MAJORITY OF SICK CHILDREN REFERRED FOR SERVICES.

## Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
1993 Chevy		Purchase		8/21/98	11/07/02	\$ 1,500	\$ 7,291	\$ 6,076	\$ 285
Total						\$ 1,500	\$ 7,291	\$ 6,076	\$ 285

**Federal Statements****Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
WISHES - DIRECT EXPENSE	\$ 147,296
WISHES - GIFTS IN KIND	662,782
FUNERAL EXPENSES REIMBURSEMENT	3,856
Total	<u>\$ 813,934</u>

**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
AMORTIZATION	615		615	
DONATED AUTO/BOAT EXPENSE	7,130			7,130
BANK CHARGES	26,269		26,269	
CONTRACT LABOR	24,362		12,181	12,181
DUES & SUBSCRIPTIONS	1,195		1,195	
GIFTS	845		845	
INSURANCE	9,957		9,957	
INVENTORY ADJUSTMENTS	24,650			24,650
LICENSES & TAXES	3,588	1,562		2,026
MEALS	5,728	2,864	2,864	
OFFICE EXPENSE	19,429	13,600		5,829
MISCELLANEOUS	415		415	
AUTO EXPENSE RESALE	575			575
WEBSITE	156			156
SPECIAL EVENTS	2,110			2,110
REPAIRS & MAINTENANCE	3,966		3,966	
SECURITY	992	496	496	
UTILITIES	6,021	2,005	2,005	2,011
Total	<u>\$ 138,003</u>	<u>\$ 20,527</u>	<u>\$ 60,808</u>	<u>\$ 56,668</u>

**Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO INFUSING HOPE, CREATING HAPPY MEMORIES, AND IMPROVING KIDS WISH NETWORK IS A NATIONAL ORGANIZATION DEDICATED TO THE QUALITY OF LIFE FOR CHILDREN SUFFERING WITH LIFE-THREATENING CONDITIONS KIDS WISH NETWORK ASSISTS THESE SPECIAL CHILDREN AND THEIR FAMILIES THROUGH SEVERAL KEY PROGRAMS.

\*\*\*\*\*SEE ALSO GENERAL FOOTNOTE\*\*\*\*\*

**Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

KIDS WISH NETWORK'S ACCCOMPLISHMENTS INCLUDED NUMEROUS PROGRAMS THAT POSITIVELY AFFECTED THE LIVES OF THOUSANDS OF CHILDREN AND THEIR FAMILIES THROUGHOUT THE UNITED STATES THE ORGANIZATION FULFILLED THE WISHES OF CHILDREN SUFFERING FROM LIFE-THREATENING CONDITIONS. IN ADDITION, "HOLIDAY OF HOPE" EVENTS PROVIDED CHILDREN CONFINED TO HOSPITALS AND THEIR ENTIRE FAMILIES AN

**Federal Statements****Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**  
**(continued)**

OPPORTUNITY TO ENJOY A POSITIVE EXPERIENCE TOGETHER AND  
GAVE THEM A RARE CHANCE TO CREATE HAPPY MEMORIES MANY  
OF THESE CHILDREN WILL NOT LIVE TO ENJOY COMMONLY  
CELEBRATED HOLIDAYS THE "HOLIDAY OF HOPE" GIFT BANK  
PLACED TOYS AT HOSPITAL EMERGENCY ROOMS AND PEDIATRIC  
WARDS SO THAT CHILDREN COULD BE DISTRACTED FROM THE  
FRIGHTENING SITUATIONS AT HAND KIDS WISH NETWORK'S  
FUNERAL ASISTANCE PROGRAM HELPED FAMILIES OF "WISH  
KIDS" AT THEIR MOST DIFFICULT TIME

**Statement 6 - Form 990, Part III, Line c - Statement of Program Service Accomplishments**

CALL TO ACTION SOLICITING ASSISTANCE IN IDENTIFYING  
CHILDREN WHO WOULD BE CANDIDATES FOR OUR PROGRAM, AS WELL  
AS SEEKING THE INVOLVEMENT OF THE PUBLIC IN THE ATTAINMENT  
OF OUR MISSION

**Federal Statements****Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
AUTOMOBILE	\$ 12,375	\$	\$ 43,929	\$
COMPUTER EQUIPMENT	26,759		26,759	
FURNITURE AND FIXTURES	4,215		4,215	
OFFICE EQUIPMENT	6,224		6,224	
ACCUMULATED DEPREICATION		26,903		
ACCUMULATED DEPRECIATION				30,689
Total	\$ 49,573	\$ 26,903	\$ 81,127	\$ 30,689

**Statement 8 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
START-UP COSTS	\$ 3,074	\$ 3,074
ACCUMULATED AMORTIZATION	-2,459	-3,074
SECURITY DEPOSIT	3,000	7,000
PREPAID WISHES	7,360	12,650
EMPLOYEE ADVANCES		300
Total	\$ 10,975	\$ 19,950

**Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
ACCRUED SALARY	\$ 10,159	\$ 10,191
FUNDRAISER PAYABLE	82,063	98,492
LOAN PAYABLE TO FUNDRAISER	3,500	
DUE TO FINANCIAL INSTITUTION	952	
Total	\$ 96,674	\$ 108,683

**Federal Statements****Statement 10 - Form 990, Part VI, Line 82b - Donated Services**

<u>Description</u>	<u>Amount</u>
CONTRIBUTED VOLUNTEER SERVICES, VALUED AT CURRENT LABOR RATES	\$ 46,134
Total	\$ 46,134